


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90199 044 \*\*\*150.00

<b>DOCUMENT # J08322</b>	
1. Entity Name <b>MUSCATO CORPORATION</b>	

Principal Place of Business <b>850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751</b>	Mailing Address <b>850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751</b>
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2. Principal Place of Business - No P.O. Box # <b>850 TRAFALGAR CT</b>	3. Mailing Address <b>850 TRAFALGAR CT</b>
Suite, Apt. #, etc. <b>SUITE 110</b>	Suite, Apt. #, etc. <b>SUITE 110</b>
City & State <b>MAITLAND, FL</b>	City & State <b>MAITLAND, FL</b>
Zip <b>32751</b>	Country <b>US</b>



02132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2663621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>COLLINS, LINDA 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751</b>	
7. Name and Address of New Registered Agent Name <b>LINDA COLLINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 TRAFALGAR CT</b> <b>SUITE 110</b> City <b>MAITLAND</b> FL Zip Code <b>32751</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MUSCATO, MICHAEL A 850 TRAFALGAR COURT, SUITE 100 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>850 TRAFALGAR CT, SUITE 110 MAITLAND, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JOSEPH W CEO 850 TRAFALGAR COURT, SUITE 100 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>850 TRAFALGAR CT, SUITE 110 MAITLAND, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YADLEY, GREG 101 EAST KENNEDY, SUITE 2800 TAMPA, FL 336025151 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph W Adams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_